

Exhibit B



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
mass.gov/cjis | TTY: 617-660-4606

PD USE ONLY
FTN: 000266593
LIC #: 12628673A

You must submit this form to your local police department

MASSACHUSETTS RESIDENT LTC/FID/MACHINE GUN APPLICATION
FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY
FIREARMS OR LICENSE TO POSSESS A MACHINE GUN (M.G.L. c. 140, §§ 129B, 131)

CHECK ONE:

New Applicant*

Renewal - Most Recent License to Carry/FID Number: _____

*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen firearms affidavit must be submitted.

*Free
per
atty.
Chief*

LICENSE APPLICATION TYPE (Check Only One):

- Firearms Identification Card - Restricted (self-defense spray)
- Firearms Identification Card
- License to Carry
- License to Possess a Machine Gun
- Gun Club License (Only the Colonel of the State Police can issue a club license)

EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:

CELONA	SARA	WILSON		
Last Name	First Name	Middle Name	Suffix	
27 HEALD ST	PEPPERELL	MA	01463	(978)925-9018
Residential Address	City	State	Zip Code	Telephone Number
Mailing Address	City	State	Zip Code	Telephone Number
08-13-73	BATTLEBORO	VT	WINDHAM	
Date of Birth	Place of Birth (City, State, Country)			
CAROL	KERKES	DAVID	WILSON	
Mother's First Name	Mother's Maiden Name	Father's First Name	Father's Last Name	
5'7" 190	MD	FAIR	RED	BROWN
Height	Weight	Build	Complexion	Hair Color
RECORDING SEC.	009-54-6249	S 34703720		
Occupation	Social Security Number (Optional)		Drivers License Number	
TOWN OF PEPPERELL	1 MAIN ST			
Employed By	Business Address			
PEPPERELL	MA	01463	(978)433-0333	
City/Town	State	Zip	Telephone Number	

ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

1. Are you a citizen of the United States?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If lawful permanent resident alien, give green card number and resident date	Green Card Number	Resident Since (date)
If naturalized, give date, place and naturalization number	Date	Place
		Naturalization No.
2. Have you ever renounced your U.S. citizenship?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. What is your age? <u>42</u> (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).		
4. Have you ever been arrested or appeared in court as a defendant for any criminal offense?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
5. Are you the subject of any pending criminal charges?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. Have you ever been convicted of a violent crime or a crime of domestic violence?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
14. Have you been discharged from the armed forces of the United States under dishonorable conditions?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. Have you been the subject of an order of the probate court appointing a guardian or conservator?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.

- 5) Charged with possession of marijuana in Vermont in 1994. Charge reduced to Attempted possession. Record was expunged.
- 13) 2014 application was denied.

Have you ever used or been known by another name?

 YES NOIf "YES", provide name and explain: SARA WILSON, SARA STALEY (Maiden name/1st marriage)

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

 NONENEW HAMPSHIRE, VERMONT, CALIFORNIA

Have you ever held a firearms license in any other state, territory or jurisdiction?

 YES NO

If "YES", when, where, and license number?

List the name and addresses of two references (as required by your licensing authority)

1. <u>FOSTER</u>	<u>CHARLES</u>
Last Name	First Name
<u>36 HEALD ST</u>	<u>PEPPERELL</u>
Address	City/Town
	<u>MA</u>
	<u>01463</u>
2. <u>BLAKELY</u>	<u>LEIGH</u>
Last Name	First Name
<u>15 BROOKLINE ST</u>	<u>PEPPERELL</u>
Address	City/Town
	<u>MA</u>
	<u>01463</u>

Reason(s) for requesting the issuance of a card or license:

Target & Hunting Sporting Employment Unrestricted (use lines below to indicate the reason(s) you are requesting an unrestricted LTC; use a separate sheet of paper if necessary)

WARNING Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (M.G.L. c.140, §§ 129B(8), 131(h)).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this

27 day of DEC 15
 year

Signature of Applicant: 